

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		101 →	1			51		1				
2			102 →	1			52		1				
3				1			53		1				
4				1			54		1				
5				1			55	1					
6			1				56		1				
7			1				57	1					
8			1				58		1				
9	1			1			59		1				
10				1			60		1				
11	1			1			61	1					
12	1			1			62		1				
13	1			1			63		1				
14		1		1			64		1				
15		1		1			65		1				
16		1		1			66		1				
17	1			1			67	1					
18	1		1				68	1					
19	1		1				69	1					
20	1			1			70	1					
21		1	1				71	1					
22	1		1				72	1					
23	1		1				73	1					
24		1	1				74		1				
25	1		1				75		1				
26	1			1			76		1				
27	1			1			77		1				
28	1			1			78	1					
29	1			1			79		1				
30	1			1			80		1				
31	1			1			81		1				
32	1			1			82		1				
33		1		1			83		1				
34		1		1			84		1				
35		1		1			85		1				
36	1			1			86		1				
37		1		1			87		1				
38		1		1			88	1					
39		1	1				89	1					
40		1	1				90	1					
41		1	1				91	1					
42		1	1				92		1				
43	1			1			93		1				
44	1		1				94	1					
45		1	1				95	1					
46		1	1				96	1					
47		1	1				97		1				
48	1			1			98		1				
49	1						99		1				
50		1					100		1				
TOTAL IND.			60				TOTAL IND.						
TOTAL DEP.			88				TOTAL DEP.						
TOTAL CLAIMS			148				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy